

A. Kaiph Mours, Secretary of State

Corporations Division 148 W. River Street Providence, RI 02904-2615

____ 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00___

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25,00.

(R.H.G.E. 7-10-00 (D&C)) 1	s subject t	o a penany jee oj \$25.00	•					
1. ID No.	2. Exact	name of the limited liability company						
74067	Compo	osites One LLC.						
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business which SALE AND DISTRIBUTE FIBERGLASS MATERIAL STATES AND DISTRIBUTE FIBERGLASS AND DISTRIBUTE FIBERGLASS MATERIAL STATES AND DISTRIBUTE FIBERGLASS AND DISTRIBUTE FIBERGL				ich is actually conducted in Rhode Island TERIALS & REINFORCED PLASTIC MATERIALS.				
5. Principal office address 85 W. ALGONQUIN RD., STE. 600				Arlington	Heights	State TL		^{Ζψ} 6000
			Control of the Section of the Control of the Contro	OR TITLE OF CO	sediction for a substitution of the second	Ni		
Contact Name	Contact Title							
Nancy Dehmlow Street Address BS W. ALGONQUIN 2D. STE-600				VP/secretary City State Zip Arlington theights IL 60005				
Street Address	City		State		Zip			
	Arlington	theights	IL		60005			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICATION OF THE LIABILITY COMPANY, IF APPLICATION OF THE LIABILITY COMPANY, IF APPLICATION OF THE LIABILITY COMPANY, IN APPLICATION OF THE LIABILITY COMPANY, IN APPLICATION OF THE LIABILITY COMPANY, IF APPLICATION OF THE LIABILITY COMPANY, IF APPLICATION OF THE LIABILITY COMPANY, IF APPLICATION OF THE LIABILITY COMPANY, IN APPLICATION OF THE LIABIL						B - DO N	OT LIST I	MEMBERS
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Manager Name				Manager Name				
<u> </u>	u e	attached						
Street Address				Street Address				
City		State	Zip	City		State		Zip
Manager Name		Manager Name						
Street Address				Street Address				
City		State	Ζip	City		State		Zip
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes Agent Name NANCY DEHMLOW				require filing of Form 642 - R.I.G.L. 7-16-11 Address				
Address MINTURN FARM ROAD				City BRISTOL		Zip 02809		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

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File Date	
	OCT 22 2007
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FOR SEC	RETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Sancy Delimbou	10/19/07
Signature of Authorized Person	Date

Wancy Jehmlow
Print or Type Name of Authorized Person

Composites One LLC

Managers as of 8/30/06

Charles Bennett 820 East 14th Street North Kansas City, MO 64116

Olivier Moulaert 820 East 14th Street North Kansas City, MO 64116

Bernard Pinatel 820 East 14th Street North Kansas City, MO 64116

Nancy Dehmlow 723 W. Algonquin Rd. Arlington Heights, IL 60005-4432

Steven Dehmlow 723 W. Algonquin Rd. Arlington Heights,IL 60005-4432

David P. Smith, Jr. 723 W. Algonquin Rd. Arlington Heights, IL 60005-4432

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